Student Re-Enrollment Plan

A re-enrollment plan shall be completed for every juvenile who is released from the Department of Juvenile Justice's (DJJ) custody who is of school attendance age or is eligible for special education services.

The re-enrollment plan shall include, but not to be limited to:

- student's education history prior to commitment;
- student's educational history while in custody of DJJ;
- student's current status;

- anticipated dates and timelines for scheduled release;
- identification of school placement upon release;
- recommendations for education program and student supports following re-enrollment, and
- contact information for representatives of DJJ, Department of Correctional Education (DCE), the detention home and for the re-enrollment coordinator.

Student Name:	Proposed Release / Court Date: (determined by Court/DJJ)	
I. Student Commitment/Place officer or detention home education hours of commitment, forward this enrolled. Where appropriate, a compacket.)	on program. Please type or is plan to local school divisi	print all information. Within 48 ion where student was last
Student Name:		DOB:
First Name:	Last Name	MI
Address: City:	State:	Zip code:
SS#		
Date of Commitment/Placement:		DJJ number:
Parent/Guardian Name: Parent/Guardian Address: Parent/Guardian Phone Number:		
Probation/parole officer: Phone Number: Email Address:	-	ate: AX number:
Court Service Unit number: Address: Phone number: Email Address:	Fz	AX number:
Home or Sending School Division:		

Last School Atter	nded:
Address:	
Contact Person:	T
Phone Number:	Email Address:
II. Detention	Home Information (completed by probation/parole officer)
Name of detentio Or name of other Date of attendance	facility:
Detention Home	contact: Title:
Phone Number:	Email Address:
Other facility cor	
Phone Number:	Email Address:
III. Notificati	on of Request for Record: (Completed by probation/parole officer)
Date requ	ested scholastic record forwarded to Reception & Diagnostic Center
	nrollment/History Prior to Commitment: (completed by local school where student last enrolled)
Yes No	
	Enrolled in public school at time of commitment or detainment?
	If yes, name of school division:
	Name of School:
	Address:
	Phone Number:
	Contact Person:
	Phone number: Email Address:
	Last grade attended:
	Credits to Date (if applicable and forward transcript):
	Was the student home schooled? If yes, time period?
	Was student enrolled in a private school?
	If yes, what name of school:
	Address:
	Phone Number:
	Had regular school attendance? Was student in angeled advection? If you disability?
	Was student in special education? If yes, disability? Date of IEP? Triennial Date?
	Was working towards diploma? Diploma type?
	Was working towards GED?
	Was in a ISAEP program?
	Has completed their GED? When?

 Was enrolled in career and technical education program and courses? Did the student drop out of school? If yes, when? Is student currently long-term suspended/expelled? If yes, conditions of suspension/expulsion? Date eligible for readmission? 	gram?
V. Assessments Prior to Commitment (completed by local school div where last enrolled) State Testing Identification Number:	vision /school
SOL Tests: (taken and passed)	
Alternate Tests:	
Career and Technical Tests:	
Other Assessments:	
VI. Notifications of Release:	
DJJ Notification of Release Date: (completed by DJJ at least 30 calendar days prior to scheduled release or case review notice of scheduled release, the student may not be suspended or expelled from scho offenses for which received commitment)	
Letter of Pending Release Date: (completed by DCE or detention home superintendent within five (5) business days Re-enrollment Coordinator and Parents/Guardian)	of notification to
Receipt of Notification Date: (confirmation by school division within five (5) business days of notification)	
VII. Current Student School Information and Enrollment State DCE or Detention (completed by RDC or detention home education pro-	
School Information:	
DCE or Detention Home Education Program: DCE or Detention Home Education Program Contact: Email Address:	
DCE School or Detention Home Address: DCE or Detention Home Phone Number:	FAX number:
Receiving School Division: Address: Phone Number:	

Re-Enrollment Address: Phone number: Email Address	:		FAX number:
Assessments: Student Testing	g Identification Numb	er:	
SOL Tests: list	tests taken and result	s (P or F)	
Career and Tec	chnical: list tests and re	esults:	
Other assessme	ents: list tests and resu	lts	
	Middle school student Grade 6 Grade 7 Grade 8 ary School Student: (c	t:	
	Course	Course	Course
	English 9	Earth Science	VA/US History
	English 10	Biology	W. Geography
	English 11	Chemistry	VA/US Gov't
	English 12	Physics	W. Hist. Part I
	Algebra I	Health/PE 9	W. Hist. Part II
	Algebra II	Health/PE 10	Environmental Science
	Geometry	ISAEP:	Elective:

Transition Goals (include goals listed in IEP, if applicable):

Student's strengths, preferences, interests and experiences:

Elective:

Elective:

Elective:

Elective:

and/or Clock Hours to Date:_____

Post-secondary education:

Elective:

Elective:

Credits to Date: _____

	career and technical education integrated employment (incl. supported employment) continuing and adult education adult services independent living community participation
	Post-secondary goals: 1. 2. 3.
	Transition services needed for post school activities instruction community experiences development of employment development of adult independent living objectives acquisition of daily living skills functional vocational evaluation Interagency responsibilities and any linkages, if appropriate:
Me DC DC DC Juv Me Par Re-	Transition Team: (DCE or detention home education program) Embership E or Detention Home principal/lead teacher: E or Detention Home counselor: E transition specialist/detention home teacher: enile Correctional Center coordinator/counselor: mber of IEP team, if applicable: ole officer: enrollment coordinator (optional) her: (school division of origin-optional) her:
IX.	DCE or Detention Home Education Recommendations for Preliminary Re-enrollment Plan (completed by transition team)
	Educational status upon release: (Transcript to be forwarded to Receiving School Division) Student is working toward: Advanced Studies Diploma Standard Diploma Modified Standard Diploma Eligible for Special Diploma GED

	Student Achievements/Accomplish	iments:	
	1.		
	2.		
	3.		
	Student: is enrolled in academic cou is eligible for special educa	,	ıle attached)
	has a current IEP in place is enrolled in a career and to	echnical program	
	is in an ISAEP/GED prepar		
	has completed requirements	s for a high school dip	oloma
	Diploma type		
	has completed ISAEP/GED	preparation courses	
	has completed a GED		
	Recommendations for student's aca	ademic program:	
	Recommendations/comments for su	upport services (i.e., be	havioral plan):
	Other recommendations:		
	Date reviewed record and recom	mendations with stu	dent:
X.	Forward of Educational Records and prior to release, DCE or detention home educa record and preliminary re-enrollment plan to the school division)	tion program will forward	school scholastic
	Date records sent to Re-enrollment Co	ordinator:	
	Sent by: Email Address:	Phone Num	ber:
XI.	Re-enrollment Team: (the receiving scho	ool division and if appropr	rioto, conculto with
711.	IEP team)	or division and it appropr	rate, consults with
	Membership Re-enrollment Coordinator: Guidance counselor: SPED Director or designee (if appropriate): Principal or Asst. Principal: Parole officer: Parent/guardian: Social worker or school psychologist: Other: (member of transition team-optional)	Phone numbers	Email Address
	Other:		

	Date of re-enrollment team meeting (within ten (10) business days of receipt of DCE/detention home materials)
	and participants (a minimum of one (1) week prior to the meeting)
	Date(s) of Consultation with Student
Re-enrol	llment Plan (developed by re-enrollment team)
Educatio	nal Placement:
Scho	
Addr	ess:
Scho	ol contact:
Phon	e number:
Student v	will work toward:
	Advanced Studies Diploma
	Standard Diploma
	Modified Standard Diploma
	Eligible for Special Diploma
	GED
Student v	will be enrolled in (courses and schedule attached):
	academic courses for credit
	career and technical education program
	ISAEP/GED preparation courses
	alternative education program (in accord with § 22.1-227.2 Code of Va.)
	homebound services
	other:
Recomm	endations:
For s	tudent's academic program:
For s	upport services (i.e., behavioral plan):
Other	r:
If applica	able, student will:
	be monitored to determine need for referral to special education
	be eligible or referred for special education services
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Student v	will receive weekly counseling from to
Location	
	Service Delivery:
Schedule	The state of the s
Contact I	Person:
Phone N	umber:

	Other support services provided:
	Date copies of final plan sent to student, parent/guardian transition team and re-enrollment team (no later than ten (10) calendar days prior to release)
XIII.	Re-enrollment of Student into School
	Date of re-enrollment and instruction (within two (2) school days of release):
	Date of final transcript sent to receiving school division

Dated 6/13/06